
A BILL FOR AN ACT

RELATING TO BREAST CANCER SCREENING.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. The legislature is committed to ensuring that
2 all women have ready access to breast cancer screening,
3 regardless of age and ethnicity, provided that these screenings
4 are requested by state licensed and authorized medical
5 practitioners.

6 The legislature has serious reservations about the
7 implementation of United States preventive services task force
8 guidelines with respect to breast cancer screening. In 2009 and
9 2016, the United States preventive services task force released
10 recommendations that were a significant departure from screening
11 guidelines issued by leading clinical organizations, including
12 the American College of Radiology, the National Comprehensive
13 Cancer Network, and the American Medical Association. If the
14 United States preventive services task force guidelines were
15 implemented, insurance plans would no longer be required to
16 cover annual mammography without cost sharing for millions of
17 women forty to forty-nine years of age.



1 The legislature recognizes that the federal government has
2 delayed implementation of United States preventive services task
3 force guidelines through legislatively enacted moratoriums, the
4 most recent of which is scheduled to expire January 1, 2025.

5 The legislature finds that there is ample data showing that
6 annual mammographic screenings significantly reduce breast
7 cancer deaths and morbidity and that effective screening
8 programs are in the best interest of the State and its
9 residents. The legislature further recognizes that certain
10 ethnic groups suffer a disproportionately higher rate of breast
11 cancer diagnoses before the age of fifty. The legislature is
12 concerned that minority women would also be disproportionately
13 and adversely impacted by United States preventive services task
14 force guidelines limiting their access to life saving screening.

15 The purpose of this Act is to improve breast cancer
16 detection rates in the State by:

- 17 (1) Increasing the categories of women required to be
18 covered for mammogram screenings;
- 19 (2) Requiring the existing health insurance mandate for
20 coverage of low-dose mammography to include digital
21 mammography and breast tomosynthesis;



- 1 (3) Defining "digital breast tomosynthesis"; and
- 2 (4) Requiring health care providers to be reimbursed at
- 3 rates accurately reflecting the resource costs
- 4 specific to each service, including any increased
- 5 resource cost after January 1, 2023.

6 SECTION 2. Section 431:10A-116, Hawaii Revised Statutes,
7 is amended to read as follows:

8 "§431:10A-116 Coverage for specific services. Every
9 person insured under a policy of accident and health or sickness
10 insurance delivered or issued for delivery in this State shall
11 be entitled to the reimbursements and coverages specified below:

- 12 (1) Notwithstanding any provision to the contrary,
13 whenever a policy, contract, plan, or agreement
14 provides for reimbursement for any visual or
15 optometric service, [~~which~~] that is within the
16 lawful scope of practice of a duly licensed
17 optometrist, the person entitled to benefits or the
18 person performing the [~~services~~] service shall be
19 entitled to reimbursement whether the service is
20 performed by a licensed physician or by a licensed
21 optometrist. Visual or optometric services shall



1 include eye or visual examination, or both, or a
2 correction of any visual or muscular anomaly, and the
3 supplying of ophthalmic materials, lenses, contact
4 lenses, spectacles, eyeglasses, and appurtenances
5 thereto;

6 (2) Notwithstanding any provision to the contrary, for all
7 policies, contracts, plans, or agreements issued on or
8 after May 30, 1974, whenever provision is made for
9 reimbursement or indemnity for any service related to
10 a surgical or emergency [procedures, which] procedure
11 that is within the lawful scope of practice of any
12 practitioner licensed to practice medicine in this
13 State, reimbursement or indemnification under the
14 policy, contract, plan, or agreement shall not be
15 denied when the [~~services are~~] service is performed by
16 a dentist acting within the lawful scope of the
17 dentist's license;

18 (3) Notwithstanding any provision to the contrary,
19 whenever the policy provides reimbursement or payment
20 for any service, [~~which~~] that is within the lawful
21 scope of practice of a psychologist licensed in this



1 State, the person entitled to benefits or performing
2 the service shall be entitled to reimbursement or
3 payment, whether the service is performed by a
4 licensed physician or licensed psychologist;

5 (4) Notwithstanding any provision to the contrary, each
6 policy, contract, plan, or agreement issued on or
7 after February 1, 1991, except for policies that only
8 provide coverage for specified diseases or other
9 limited benefit coverage, but including policies
10 issued by companies subject to chapter 431, article
11 10A, part II and chapter 432, article 1, shall provide
12 coverage for screening by low-dose mammography for
13 occult breast cancer as follows:

14 (A) For women thirty-five years of age through
15 thirty-nine years of age, a baseline mammogram;

16 (B) For women forty years of age and older, an annual
17 mammogram; [and

18 ~~(B)]~~ (C) For women thirty years of age or older that are
19 deemed by a licensed physician or clinician to
20 have an above-average risk for breast cancer, an
21 annual mammogram;



1 (D) For [a woman] women of any age [with] having a
2 history of breast cancer or whose mother or
3 sister has had a history of breast cancer, a
4 mammogram upon the recommendation of the woman's
5 physician[-]; and

6 (E) For women of any age, any additional or
7 supplemental imaging, including breast magnetic
8 resonance imaging or ultrasound, deemed medically
9 necessary by an applicable American College of
10 Radiology guideline.

11 The services provided in this paragraph are
12 subject to any coinsurance provisions that may be in
13 force in these policies, contracts, plans, or
14 agreements[-], and shall be at least as favorable and
15 subject to the same dollar limits, deductibles, and
16 co-payments as other radiological examinations;
17 provided, however, that on and after January 1, 2023,
18 providers of health care services specified under this
19 section shall be reimbursed at rates accurately
20 reflecting the resource costs specific to each
21 modality, including any increased resource cost.



1 For [~~the purpose~~] purposes of this paragraph[~~,~~
2 ~~the term "low dose~~]:

3 "Digital breast tomosynthesis" means a radiologic
4 procedure that allows a volumetric reconstruction of
5 the whole breast from a finite number of low-dose,
6 two-dimensional projections obtained by different
7 x-ray tube angles, creating a series of images forming
8 a three-dimensional representation of the breast.

9 "Low-dose mammography" means the x-ray
10 examination of the breast using equipment dedicated
11 specifically for mammography, including but not
12 limited to the x-ray tube, filter, compression device,
13 screens, films, and cassettes, with an average
14 radiation exposure delivery of less than one rad
15 mid-breast, with two views for each breast. "Low-dose
16 mammography" includes digital mammography, digital
17 breast tomosynthesis, and the practice of interpreting
18 and rendering a report by a radiologist or other
19 physician based on the screening.

20 An insurer may provide the services required by
21 this paragraph through contracts with providers;



1 provided that the contract is determined to be a
2 cost-effective means of delivering the services
3 without sacrifice of quality and meets the approval of
4 the director of health; and

5 (5) (A) (i) Notwithstanding any provision to the
6 contrary, whenever a policy, contract, plan,
7 or agreement provides coverage for the
8 children of the insured, that coverage shall
9 also extend to the date of birth of any
10 newborn child to be adopted by the insured;
11 provided that the insured [~~gives~~] shall give
12 written notice to the insurer of the
13 insured's intent to adopt the child prior to
14 the child's date of birth or within thirty
15 days after the child's birth or within the
16 time period required for enrollment of a
17 natural born child under the policy,
18 contract, plan, or agreement of the insured,
19 whichever period is longer; provided further
20 that if the adoption proceedings are not
21 successful, the insured shall reimburse the



1 insurer for any expenses paid for the child;
2 and

3 (ii) Where notification has not been received by
4 the insurer prior to the child's birth or
5 within the specified period following the
6 child's birth, insurance coverage shall be
7 effective from the first day following the
8 insurer's receipt of legal notification of
9 the insured's ability to consent for
10 treatment of the infant for whom coverage is
11 sought; and

12 (B) When the insured is a member of a health
13 maintenance organization, coverage of an adopted
14 newborn is effective:

15 (i) From the date of birth of the adopted
16 newborn when the newborn is treated from
17 birth pursuant to a provider contract with
18 the health maintenance organization, and
19 written notice of enrollment in accord with
20 the health maintenance organization's usual
21 enrollment process is provided within thirty



1 days of the date the insured notifies the
 2 health maintenance organization of the
 3 insured's intent to adopt the infant for
 4 whom coverage is sought; or

5 (ii) From the first day following receipt by the
 6 health maintenance organization of written
 7 notice of the insured's ability to consent
 8 for treatment of the infant for whom
 9 coverage is sought and enrollment of the
 10 adopted newborn in accord with the health
 11 maintenance organization's usual enrollment
 12 process if the newborn has been treated from
 13 birth by a provider not contracting or
 14 affiliated with the health maintenance
 15 organization."

16 SECTION 3. Section 432:1-605, Hawaii Revised Statutes, is
 17 amended by amending subsection (c) to read as follows:

18 "(c) For purposes of this section [~~,"low-dose"]:~~

19 "Digital breast tomosynthesis" means a radiologic procedure
 20 that allows a volumetric reconstruction of the whole breast from
 21 a finite number of low-dose, two-dimensional projections



1 obtained by different x-ray tube angles, creating a series of
2 images forming a three-dimensional representation of the breast.

3 "Low-dose mammography" means the x-ray examination of the
4 breast using equipment dedicated specifically for mammography,
5 including but not limited to the x-ray tube, filter, compression
6 device, screens, films, and cassettes, with an average radiation
7 exposure delivery of less than one rad mid-breast, with two
8 views for each breast. "Low-dose mammography" includes digital
9 mammography, digital breast tomosynthesis, and the practice of
10 interpreting and rendering a report by a radiologist or other
11 physician based on the screening."

12 SECTION 4. Statutory material to be repealed is bracketed
13 and stricken. New statutory material is underscored.

14 SECTION 5. This Act shall take effect upon its approval.
15

INTRODUCED BY: *Mark A. Belletti*
JAN 20 2023



H.B. NO. 663

Report Title:

Insurance; Breast Cancer Detection; Covered Service; Digital Mammography; Breast Tomosynthesis

Description:

Increases the categories of women required to be covered for mammogram screenings. Requires the existing health insurance mandate for coverage of low-dose mammography to include digital mammography and breast tomosynthesis. Defines "digital breast tomosynthesis". Requires health care providers to be reimbursed at rates accurately reflecting the resource costs specific to each service, including any increased resource cost after 1/1/2023.

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